Report to the Legislature

Developing a Case Management System For the Division of Developmental Disabilities

Prepared in Response to *Recommendation 2* in
"Performance Audit of the Division of Developmental Disabilities, Preliminary Report"
By the Joint Legislative Audit and Review Committee issued June 19, 2003

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1 Executive Summary

PLANNING FOR A COMPREHENSIVE CASE MANAGEMENT INFORMATION SYSTEM IN THE DIVISION OF DEVELOPMENTAL DISABILITIES

1.1 Brief Background on Performance Audit of DDD

As part of the Performance Audit of June 19, 2003, the Joint Legislative Audit and Review Committee (JLARC) made the following recommendations:

JLARC RECOMMENDATION 1—ASSESSMENT PROCESS

DSHS should develop an assessment process for developmentally disabled clients that is consistently applied to all clients, in all parts of Washington State. Clients must be assessed before a determination of service need is made. This process should utilize, to the extent possible, existing computer-based assessment tools either in use or under development in DSHS. A **plan** for implementing this process, that identifies costs and includes an implementation schedule, should be submitted to the Legislature by September 2003.

JLARC RECOMMENDATION 2—CASE MANAGEMENT SYSTEM

DSHS should submit to the Legislature a **plan** for implementing a case management system in DDD. The plan must explicitly address the case management functions identified in this report, outlining which functions will be met, how this will be accomplished, at what cost, and a timeline for implementation. Outside technical assistance should be utilized in the development of this plan.

The focus of this plan is ***Recommendation 2, Case Management System.*** This plan will depend on implementation of components identified in the plan to address *Recommendation 1*; such as intake, assessment and caseload management.

1.2 Overview of the Case Management System Plan

This plan describes the schedule and costs of continuing development of the case management system needed for DDD.

Since the plan was developed from high-level requirements the margin of error will be larger than an analysis based on more detailed requirements.

The design concepts discussed in this document are based on several underlying goals, which are:

- Provide automated support to meet federal and state reporting requirements through the collection, maintenance, and checking for data integrity;
- Provide for the support of system interfaces and integration necessary for the coordination of services, and for the elimination of paperwork and duplication of data collection;
- Provide more efficient, economical and effective administration of programs within DDD. This includes program management and administration for all services and case processing.
- Leverage existing information systems, such as CARE, where possible.

1.3 Stakeholder Involvement

Stakeholder advisory committees will be established at the project's outset and their involvement will be important to nurture and maintain throughout the development and implementation of the new system components. Some of the new system capability will be available to non-DSHS stakeholders, such as provider incident reporting and county services access to client information. Counties currently require access to the system to enter service and billing information and to look up client demographic information. Providers do not have direct access currently to the Incident Reporting system in DDD but, with the implementation of the proposed web-based interface to the case management system, they will be able to enter incident reports themselves directly. These external stakeholders will need to be involved as changes to the automation are designed and implemented. Stakeholders directly affected by this change include the providers and counties who deliver services, as well as advocacy groups and committees throughout the state.

Regular meetings of advisory groups will give input into the development process and assess progress of prototypes throughout the software development life cycle.

1.4 Project Management and Staffing

The development of the case management information system for DDD will capitalize on the strengths of the new administration. The Aging and Disability Services Administration's (ADSA's) Information Technology Office will manage the technical development and technical project management while program policy will be managed and developed by DDD. Business analysts, developers, and external quality assurance contractors procured for development of *Recommendation 1 – Assessment Process*, will continue to assist the project on the *Recommendation 2 – Case Management System* requirements as much as possible. This partnership will focus on developing effective case management processes and systems.

Development of rules and policies will be a significant endeavor. DDD management fully supports the need for significant improvement in

- Clearer policies and
- Consistent statewide implementation of policy

ADSA believes that several additional project staff will be necessary to accomplish these improvements.

1.5 Development Summary and Deliverables

PHASE I will provide an integrated and automated solution to ensure consistent application of policies for Case Monitoring activities within DDD. The estimated cost, including existing internal staff costs, to complete Phase I activities is $4,796,056.00.

This phase includes four separate activities:

> **Develop Case Monitoring –** Case monitoring capabilities are an essential component of a complete case management system. Case monitoring helps case/resource managers effectively implement the service plan and manage their caseload. Ticklers, alerts, and legacy application conversion will provide case monitoring capabilities to ADSA's DDD case management system.

Develop Updated Incident Reporting Interface for Case/Resource Managers – The existing Incident Reporting System will be integrated into the Case management system to give the case managers: 1) a consistent look and feel for entering their incident reports; 2) and direct access to the updated client data throughout the system. This activity facilitates easier case monitoring activities related to clients involved in reportable incidents.

County Business Process Reengineering – The Business Process Reengineering (BPR) analysis is necessary for the division to understand business needs related to county service activities in preparation for conversion from the legacy application to the new case management system.

Management Reports – During this phase, management reports will be developed and implemented that are specific to case monitoring and incident reporting.

PHASE II will provide further enhance Case Monitoring by integrating into the case management system quality assurance monitoring and county service tracking components. This phase will also will also improve and strengthen the technical infrastructure to ensure that it can provide a stable, flexible and expandable foundation that will support the new case management system capabilities. The estimated cost, including existing internal staff costs, to complete Phase II activities is $7,274,076.00.

This phase includes five separate activities:

Client-Based Quality Assurance (QA) – This system component will assist QA staff, supervisors and case/resource managers in measuring the quality and consistency of case management activities and to identify and monitor corrective actions.

Enhance Technical Infrastructure/Interfaces – This activity will enhance the existing infrastructure to support the county, provider, and non-ADSA system access via DSHS web-based applications in addition to the additional data, interfaces to DSHS systems such as ACES, and system users. It will also prepare for continued development of management reports.

Develop County Access Capability – This activity will include development and prototyping of screens, reports and other interfaces needed to support county business processes.

Develop Screen Views to Legacy Data – In moving to an assessment-based case management system, there will be a separation from some of the historical data currently kept in the DDD systems. This activity will allow the case managers to view the historical information for their clients, such as the history of where the client has lived or their history of day program involvement.

Management and Field Reports – During this phase, management reports will be developed and implemented specific to client quality assurance and county business processes.

PHASE III will extend the Case Monitoring capabilities to the external provider community who are delivering services to DDD clients. It will deliver to the providers the ability to enter into the case management system reports of incidents related to the client. This activity will greatly improve the quality and timeliness of information in the case management system related to incident reports and will eliminate the need for case/resource managers to enter the information into the automated system for the provider. In addition, this phase will enhance Case Monitoring capabilities by implementation of quality assurance monitoring components to track and report on provider compliance to policies and to track corrective actions where applicable. The estimated cost, including existing internal staff costs, to complete Phase III activities is $2,852,680.00.

This phase includes three separate activities:

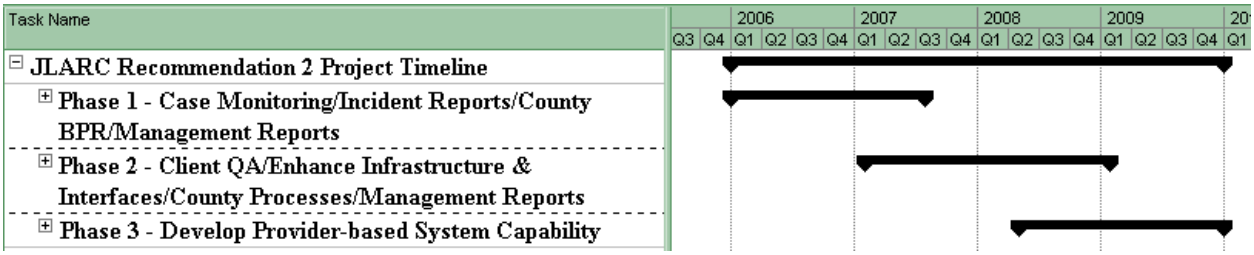
Provider Incident Reporting - During this phase, ADSA will develop and implement a web-based provider incident reporting application, which will give providers direct access to enter and review incidents they have reported, and will offload significant workload from the case/resource managers.

Provider Quality Assurance – As a result of DDD becoming part of ADSA, provider quality assurance business processes were transferred to the Residential Care Services (RCS) division. RCS is currently analyzing business processes, policy changes and staff procedures for this activity. System enhancements are expected to include recording and management of corrective actions, complaints, and other quality indicators to assist the administration in monitoring provider service quality.

Management and Field Reports – During this phase, management reports will be developed and implemented specific to provider quality assurance and incident reporting.

1.6 Overall Project Costs and Timelines

This project will begin after *Recommendation 1* requirements are completed. Estimated start for *Recommendation 2* activities is approximately January 2006 with projected completion by December 2009. The overall estimated project cost, including internal staff costs, is $14,922,812.00.



Project Totals for All 3 Phases

Total Internal Staff Costs	$	3,049,152.00
Total Project Position Costs	$	1,735,840.00
Total External Staff Costs	$	9,725,800.00
Total Equipment Costs	$	383,660.00
Grand Total	**$**	**14,894,452.00**

2 Introduction and Background on Case Management System Need for DDD

2.1 Description of Need for a Case Management Information System

In addition to *Recommendation 2*, The JLARC Performance Audit of June 19, 2003 stated

- "Case managers in this Division work with clients with complex needs. Caseloads are growing; procedures are poorly defined; and effective automated systems to help case managers manage their caseloads are missing.
- "Within Washington, we have serious concerns with the lack of case management standards across regions and among offices."

On May 20, 2003 Secretary Braddock had this response to the Preliminary Performance Audit:

> "We concur that a case management information system is necessary for case managers to perform their jobs reliably and for the department to account for the resources needed and used by clients with developmental disabilities. This is an important investment for the legislature and the department to make. Currently there is no specific legislative appropriation being considered to address this recommendation. This will require the department to find the financial resources for the outside technical assistance within the DD 2003-05 budget appropriation."

It is with this background that DDD, along with other divisions of ADSA with the assistance of an independent consultant, developed a plan. In order to develop this plan, a team was formed with representatives from two divisions of the newly formed administration. The organizational chart below lists the divisions that now make up ADSA. The team consisted of personnel from DDD (program staff), and MSD (information technology staff). Therefore this plan is a reflection of the newly formed administration.

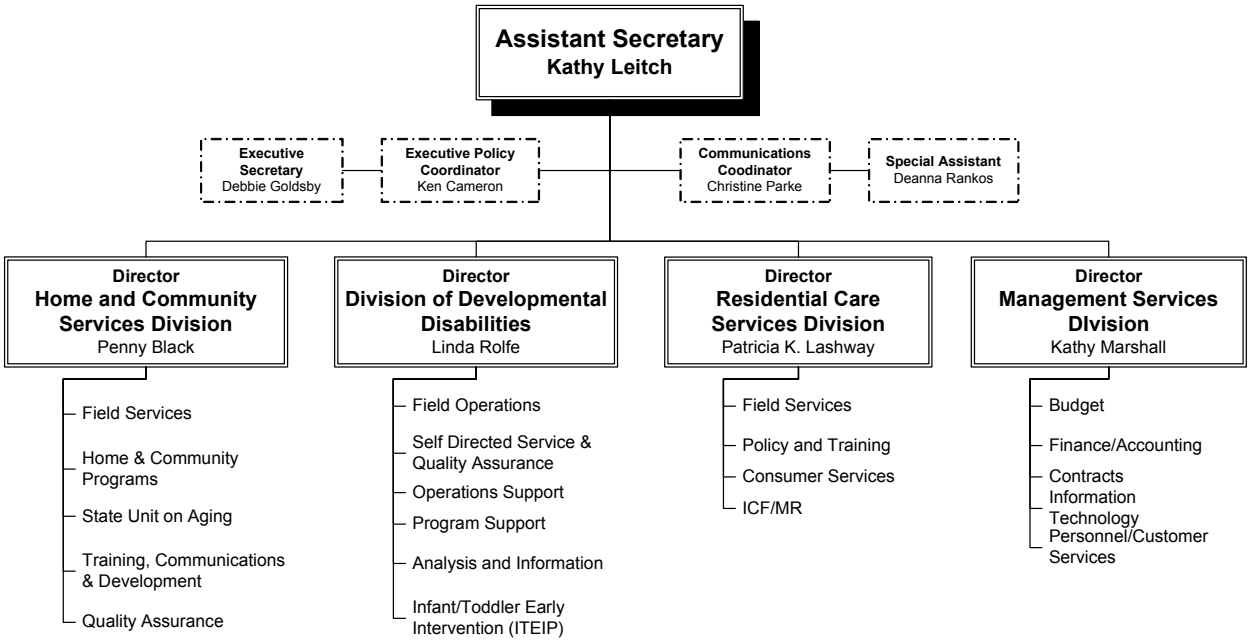
In preparation for responding to *Recommendation 2,* previous reports on DDD case management system requirements were considered. These reports include:

- DSHS Workload Standards Study: Technical Report (March 1999);
- Sierra Systems Case Management System [High-Level] Feasibility Study (December 2001);
- Deloitte Consulting Case Management System Gap Analysis (August 9, 2002); and
- Sterling Associates, LLP Computer-Based Case Management Systems report (November 25, 2002).

These reports were used to compile the core functions that comprise a case management system. These core functions were validated in a structured group setting with regional case/resource managers, supervisors, administrators, field service managers and other interested staff as well as central office program and quality assurance managers. These presentations were done in each region and at headquarters during September/October 2003.

In November 2003, DDD invited representatives from Pennsylvania's Department of Public Welfare Office of Mental Retardation for a two day presentation of its Home and Community Services Information System (HCSIS) to technical and program staff; case/resources managers and supervisors; and executive management. The intent was to discover opportunities to reuse any of their system components and most certainly, to share lessons learned in preparation for developing a Washington State DDD case management system. ADSA staff learned valuable information about the complexities of building an integrated case management system, although direct use of their system components is not feasible due to the difference in development tools.

2.1.1 ADSA Organizational Chart



2.2 The Expansion of CARE to meet DDD Case Management Information System Needs

DDD's response to *JLARC Recommendation 1*, submitted November 7, 2003, described a phased approach to implementing a comprehensive assessment process for all developmentally disabled clients seeking services in Washington State.

For reasons of affordability, quality, and efficiency, ADSA intends to use the CARE application framework to implement case management system components. ADSA will deploy web-based technology to address the externally facing system activities, such as provider incident reporting and county service provider access to client information. By developing the foundation for client/family access to their information in the case management system, ADSA will be better able to comply with the Olmstead self-directed service requirements.

3 Development of the Case Management Information System

3.1 Overview of Development

The goal of this plan is to develop and implement additional case management system components that will improve the statewide consistency in policies and practices for delivering services to all DDD clients in Washington State.

Many policies will need to be developed and many components will need to be added to or modified in the CARE framework, to make it a comprehensive case management system for DDD.

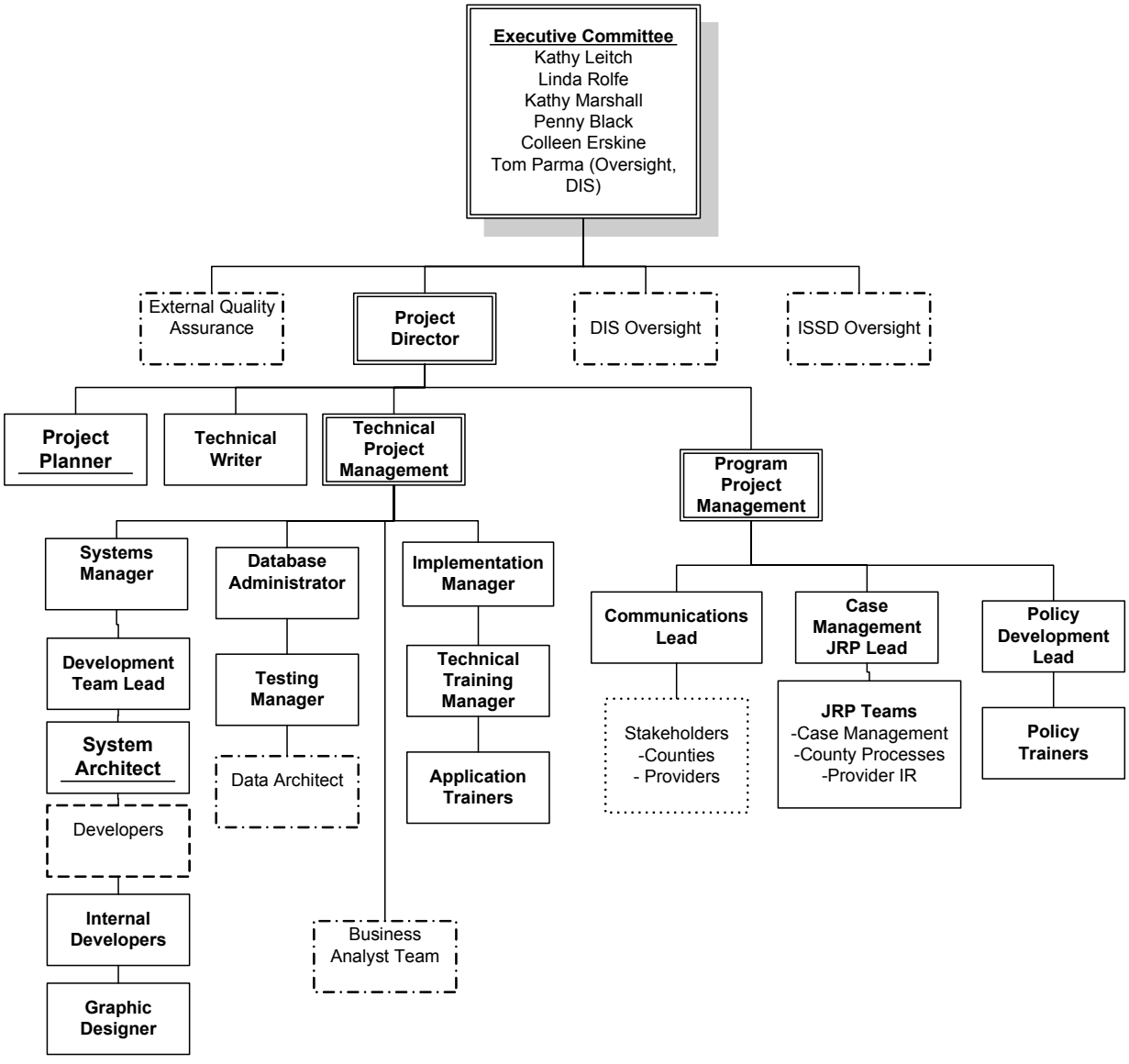
The cost and schedule estimates contained in this report focus on the policy and automation costs of developing the remaining case management system functions. They do not include costs for field staff related to implementation and training.

3.2 Project Staffing/Organization

The further development of the case management system for DDD will capitalize on the strengths of the new administration and the successful implementation of *Recommendation 1* components in CARE. Program policy will be managed and developed by DDD, and the Information Technology Office within MSD will develop the technology and provide technical project management. This partnership will focus on completing the development and implementation of a consistent and comprehensive case management system for DDD.

3.2.1 Project Organizational Chart for *JLARC Recommendation 2*

The following organizational chart details the components of the project that will be contracted out as well as the internal management of the project. (Note: Dotted boxes indicate external or contracted resources.)



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[1] Information System Services Division (ISSD)
Joint Requirements Planning (JRP)
Department of Information Services (DIS)

3.3 Stakeholder Input

Stakeholders are essential and will be involved throughout the design, development and implementation of the remaining case management system components addressed in this plan. Because portions of the case management system will involve providers and counties, these stakeholders, in particular, will be critical to the successful implementation of the new system components. A high level of input by stakeholders cultivates a sense of ownership of an issue, contributing to its ultimate success. In order to get effective input, stakeholders must be fully informed of the reasons for the project and included as appropriate in all phases of the project. Due to the number of stakeholders involved, a comprehensive communication plan will be developed and used throughout the project.

The communication plan goals will include a strategy for the review of proposed rules and policies, internal and external strategic groups to be targeted, communication delivery systems, and partners in the dissemination of information.

Multiple stakeholders will be involved. Internal stakeholders include ADSA management, field, and program staff. Other stakeholders directly affected by the case management system enhancements include the clients themselves, parents and families, county service providers, other providers, as well as advocacy groups and committees that include:

- Association of County Human Services
- The Parent to Parent Support Program (PSP)
- Self-Advocate Organizations
- Arc of Washington (The Arc)
- Community Advocacy Coalition (CAC)
- State Advisory Committee (SAC)
- State Interagency Coordinating Council (SICC)
- Washington State Parent Coalitions (PC)
- Community Residential Services Association (CRSA)
- Community Protection Providers Association (CPPA)
- Developmental Disabilities Council (DDC)

3.4 Overview of Policy and Program Development

Development of rules and policies (called "policy") will be a significant endeavor. DDD management fully supports the need for significant improvement in

- Clearer policies and
- Consistent statewide implementation of policy

ADSA believes that, in order to accomplish the above objectives, DDD will need to have staff on this project in the roles of:

- Project Manager for Programs
- Case Management Joint Requirements Planning (JRP) Lead
- Policy Development Lead

- Communications Lead, and
- Joint Requirements Planning (JRP) resource for each region

Many of these positions will already be in place from the work being completed from *Recommendation 1* and will move directly into working on *Recommendation 2*. The specific people in these roles may change in order to have knowledgeable staff working on the case management system needs.

Project Manager for Programs

The role of Project Manager for Programs is needed to manage the policy and program efforts of DDD. This person will focus on development of case management system components. The person in this role will:

- Develop and maintain the schedule of the project's activities
- Ensure that the quality of work achieves the requirements of the division
- Assign resources to the activities
- Have decision-making responsibility

This person will work closely with DDD, HCS, RCS, and MSD management, and with the application development team. This person will also coordinate and provide oversight of the activities of the Case Management Lead, the Policy Development Lead, the JRPs and the Communications Lead.

Case Management Lead

The person in this role will establish and ensure linkage between the field staff, the policy development lead and application development. This role includes:

- Ensuring that the knowledge and expertise of field operations is intrinsic to application development and deployment, and coordinated with headquarters
- Developing training materials on policy
- Supporting training of field staff during deployment of new systems components, and modifying training as lessons are learned during deployment
- Supporting quality assurance activities associated with development and implementation.

Policy Development Lead

While *Recommendation 1* has identified extensive policy development activities to accomplish its goals, *Recommendation 2* also has some policy development and review activities planned during its three phases. For example, statewide policies must be reviewed or developed to support the case management system and to help the regions consistently manage their cases. Statewide policies will not only support consistent case management practices across the state but will also improve data and information that can help DDD understand its business more completely and manage it more efficiently and effectively.

Currently the program manager, who has the dual role of developing program policies and managing the program, develops policy for DDD programs.

The existing organizational structure does not have the capacity to simultaneously develop policy that is well defined and integrated across multiple programs, and manage development of program policy related to this application development.

Policy requirements:

- Policy must be defined in much more detail than is often the case today in order to support application development and achieve department objectives
- Policy must be integrated across DDD and ADSA programs, and interface with counties and providers
- Policy must be developed that satisfies division, administration, legislative and department requirements
- Policy development must be timely in order to match application development
- Policy development must be integrated with the application development, and communications with stakeholders

The Policy Development Lead will work with the existing program managers to define policy; work with the development team to ensure that prioritization and delivery of policy satisfies application development needs; work with communications to ensure that communication is comprehensive and integrated; work with budget on overall budget impacts; work with other divisions of ADSA to ensure that policy is coordinated; and work with management, stakeholders, and program managers on ensuring the reviews achieve the needed results.

Communications Lead

Development of the case management system will have a profound effect on DDD field operations, county service delivery and other providers. A successful project demands communication of purpose, goals, tasks and activities.

Communication is a program responsibility. The Communications Lead will work closely with the Policy Development Lead, the Case Management Lead, and ADSA communications. The scope of communications will be both internal and external stakeholders.

Joint Requirements Planning Support

JRP resources will be field experts for both program and information technology. They will support the definition of business requirements and testing during system tests. They will gain significant application knowledge during this process to assist with the application training during deployment. The JRPs will then be very knowledgeable and able to provide on-site technical support when they return to their regions. There will be one to two JRP representatives from each region, responsible for case management and county business requirements.

3.5 Overview of Technical Development

The ADSA systems Java framework was built for the CARE tool, but was also built with the intention that other custom Java-based projects could use the framework and take advantage of the productivity tools the framework provides. By using this existing proven model, development and technical training time is significantly reduced. The experience gained from implementing the CARE system provides a benchmark for all development cost.

4 Phase I – Case Monitoring / Incident Reporting / BPR / Reports

ADSA has developed a response to *Recommendation 1* that will build on the successful CARE system to build comprehensive assessment and service plans for all DDD clients by the year 2006. This response forms the foundation of a future case management information system we will begin to build with our response to *Recommendation 2*.

This phase will give the case/resource managers an integrated tool for coordinating client services. It will improve the integrity of the data by integrating information in a single database so that management and staff can use the information for decision-making.

4.1 Case Monitoring Capability

After assessment and service plan, the natural next step to an integrated case management system is the development and implementation of case monitoring capabilities. Case monitoring components will alert case/resource managers of actions that should be taken in response to the needs of the clients on their individual caseloads.

Case Monitoring will include two distinct components:

4.1.1 Ticklers and Alerts

The new ticklers and alerts will be used by two of ADSA's divisions, Home and Community Services (HCS) and DDD, which both use the CARE assessment. Ticklers are much anticipated by case/resource managers and supervisors, and will help them manage their caseloads more efficiently. This new component will be designed to alert the user as soon as they log in to the system, when critical events have happened that require immediate attention. Ticklers will also be used to help the case/resource manager plan for and schedule activities in advance to help them manage their time and ensure that they meet mandated reviews and other policy requirements.

4.1.2 Dynamic Case Monitoring Functionality

The CARE assessment and service plan presented in *Recommendation 1* represents a "snap shot in time" interaction with the client. This assessment forms the basis for service authorization and is altered in the event of a significant change in the client's condition. Many programs in DDD require numerous client interactions between assessments. This case monitoring/interaction capability in DDD legacy applications such as Voluntary Placement, Specialized Client, and Family Support Opportunities will be integrated into the new DDD case management information system. The legacy functionality will be tightly coupled to the assessment and service plan, but will allow for more dynamic interaction with the client.

4.2 Develop Updated Incident Reporting Interface for Case/Resource Managers

The existing Incident Reporting system will be integrated into the case management system to give the case managers:

- A consistent look and feel for entering their incident reports;
- And direct access to the updated client data throughout the case management information system.

This activity facilitates easier case monitoring of clients involved in reportable incidents. The case manager will be able to access incident reports through data entry screens with a similar look and feel to their assessment, service plan and other case monitoring activities. The client information important to incident reporting such as client location, service provider, and client contacts; will come from the CARE assessment, so the data will be up-to-date and there is no duplicate data-entry.

4.3 Identify the Business Requirements for all the County Processes

The BPR analysis is necessary for the division to better understand business needs related to county service activities. Counties currently access the Common Client Database (CCDB) system in DDD to enter service and billing data and to review client information, but this system will be converted during Phase II and will no longer be available. Therefore, it is critical to understand the county needs and responsibilities before replacement system components are developed.

The BPR will:

- Identify business process changes relative to county system access;
- Facilitate a better understanding of technical infrastructure requirements to support provider incident reporting and county access to client information;
- Help to identify current DDD application data and capabilities that must be migrated into the case management system.

4.4 Management and Field Reports

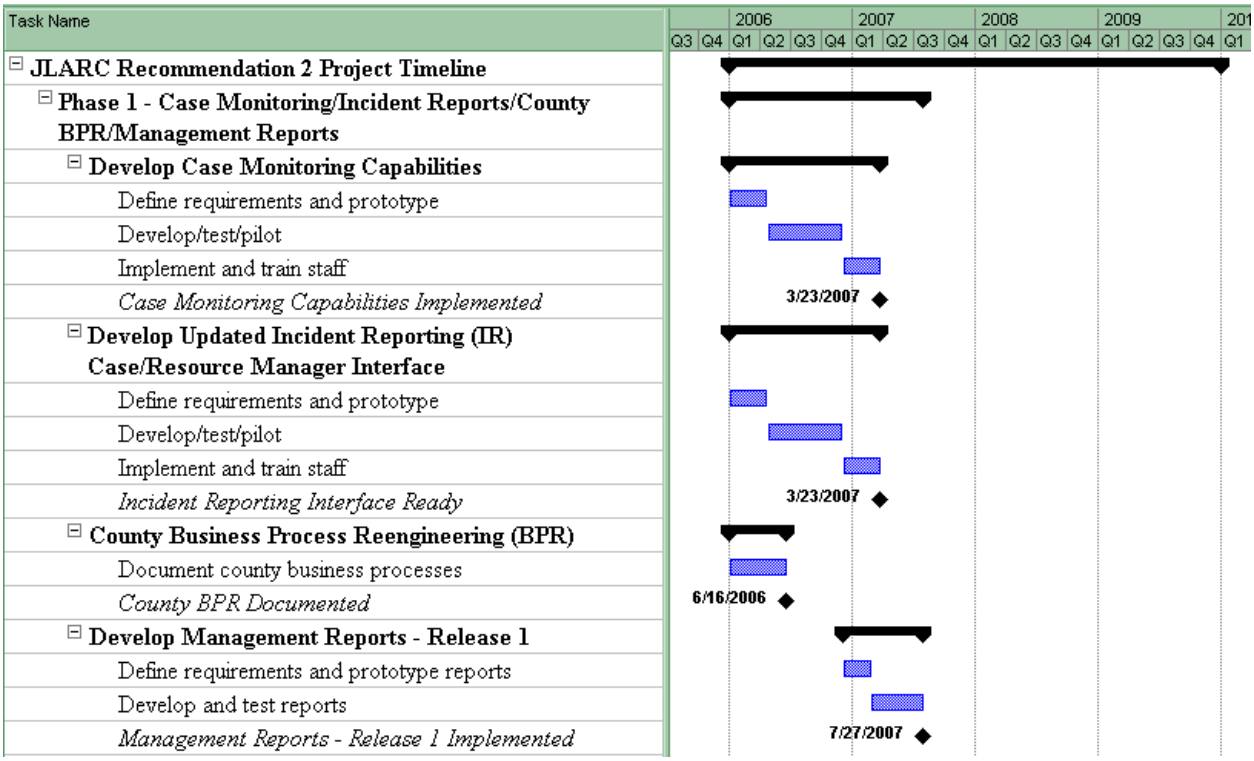
During this phase, management reports will be developed and implemented that are specific to case monitoring and incident reporting. Some examples of these reports are: tracking client participation in specific programs over time such as Voluntary Placement Program or a County Day Program, and tracking trends of incidents that occur at certain provider locations. The new Decision Support Office within ADSA will be an important partner in designing the management reporting capabilities, as they will be the focal point for consistent management reporting within ADSA.

4.5 Cost Summary Phase I (Appendix A)

	Estimated Phase I Totals
Total Internal Staff Costs	$1,028,096.00
Total Project Position Costs	$ 663,680.00
Total External Staff Costs	$3,077,400.00
Grand Total Phase I	**$4,769,176.00**

4.6 Timeline Phase I (Appendix B)

Timeline for Phase I is shown in the table below. This phase is expected to take approximately 20 months to complete.



5 Phase II – QA / Infrastructure / Interfaces / County Components / Legacy Data Views / Reports

PHASE II will continue enhancements to the case management information system by developing a quality assurance component, an enhanced technical infrastructure, county access to revised business processes, developing views to legacy data and creating field and management reports.

5.1 Quality Assurance

ADSA will complete development of the quality assurance monitoring tool for Home and Community Services in July of 2004. This module will include the capability to record program policy compliance, and identify problem areas where training or other corrective actions should be taken to improve quality and compliance with policies. It will be tightly integrated with the CARE assessment tool and will draw from existing system data, thereby reducing the data input requirements from staff to track and record quality issues. The Home and Community Services QA Monitoring tool will be adapted to meet the specific needs of DDD.

5.2 Enhance Infrastructure and Interfaces

This activity will enhance the existing infrastructure to prepare for supporting the new system capabilities to be added in Phases II and III. It will also improve support for the additional data and system users including counties and providers. This deliverable includes three distinct components:

5.2.1 Develop Web Based Functionality

The current CARE framework uses a "thick client" design. With this design, full functionality of the system is available to case/resource managers using laptop computers disconnected from the network, so that they can assess clients in their own homes. Once the assessment is complete, information is synchronized to a central database. While this approach provides flexibility and mobility to the case/resource manager, it is not an appropriate or affordable technology for the division's business partners. This activity will develop web components that will allow access to secure areas of the case management system to county and provider partners of the division. Other DSHS partners (Office of Financial Recovery, Support Enforcement, Western and Eastern State Hospital) who need view access to basic DDD client information will use this web-based component.

5.2.2 Develop Interfaces to Key Systems

Clients served by the division may also be receiving services from other divisions throughout DSHS. Due to the expense and complexity of adding interfaces to all systems that may touch a client of the division, only a few interfaces have been included within the scope of this proposal. This proposal creates a seamless integration of all systems within the division and interfaces to SSPS, MMIS and ACES payment and eligibility systems. ADSA will actively support DSHS efforts to develop an enterprise architecture that will establish common client identifiers, single sign on technology and more seamless access between DSHS programs that serve clients of the division and Administration.

In addition, DDD currently has batch interfaces to Office of Financial Recovery, Mental Health, and Department of Corrections. These interfaces will be adjusted to interchange data from the new case management information system.

5.2.3 Strengthen and Expand Hardware Hosting Abilities

To accommodate Web Functionality and the increased system utilization by county and provider business partners, we will strengthen and expand the hardware hosting environment of the case management system. This infrastructure enhancement is also necessary to support the development of management and field reporting requirements.

5.3 Develop County Access Components

This activity will include development and prototyping of screens, reports and other interfaces needed to support the business processes identified during Phase I BPR. Extensive interaction with counties will be required to develop components that are useful and that will collect data and information that is valuable to the division.

5.4 Develop Screen Views to Legacy Data

In moving to an assessment-based case management system, there will be a separation from some of the historical data currently kept in the DDD systems. This activity will allow the case manager to view the historical information for their clients, such as the history of where the client has lived or their history of day program involvement. These views will help the case manager achieve a longitudinal view of the client's life.

This historical information can be helpful and a time-saver, for example, if a client is interested in a referral to an employment program; the case manager has easy access to previous employment or school programs and can gain greater insight into the client's past experiences which helps in current referral activities.

5.5 Management and Field Reports

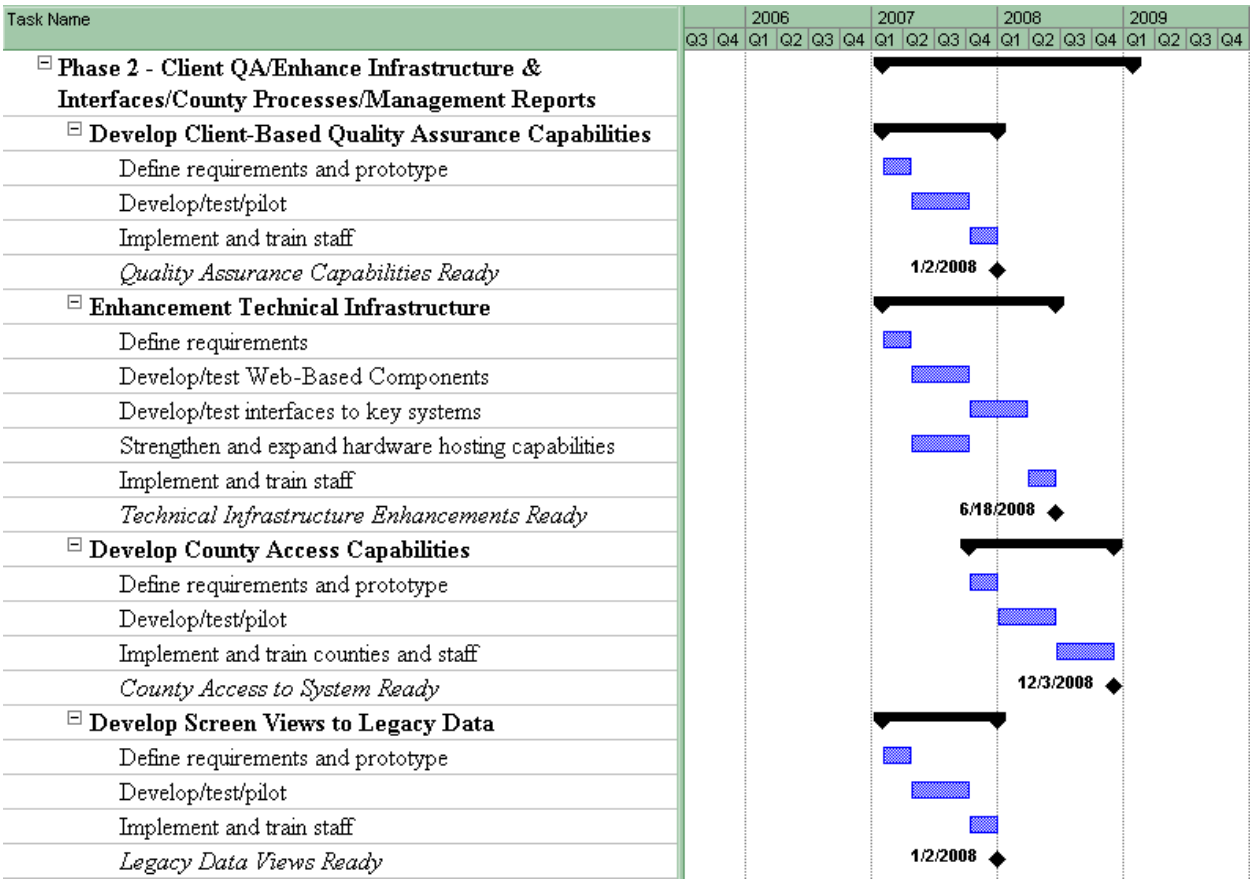
During this phase, management reports will be developed and implemented specific to quality assurance and county business processes. The quality assurance team within DDD, the counties, and the Decision Support Office within ADSA, will all be important partners in designing the reporting capabilities.

5.6 Cost Summary Phase II (Appendix A)

	Estimated Phase II Totals
Total Internal Staff Costs	$ 1,278,336.00
Total Project Position Costs	$ 656,320.00
Total External Staff Costs	$ 4,975,400.00
Total Equipment Costs	$ 383,660.00
Grand Total Phase II	**$ 6,910,056.00**

5.7 Timeline Phase II (Appendix B)

Timeline for Phase II is shown in the table below. This phase is expected to take approximately 24 months to complete.



6 Phase III – Provider Incident Reporting / QA / Reports

PHASE III will develop and implement provider-based system capabilities. This phase will require extensive interaction with providers to develop components that are useful and will collect data and information that will be valuable to the division.

6.1 Provider Incident Reporting

During this phase, system components will be implemented that will allow providers to directly enter incident reports into the case management system. This eliminates the need for case/resource managers to enter the data, and frees their time to perform other important case management functions.

Providers will also have the ability to search for and update incidents as new information becomes available and to monitor the status of each incident, which will result in information being shared in a more efficient manner with the case manager and more accurate information residing in the case management system.

6.2 Provider Quality Assurance

As a result of DDD becoming part of ADSA, provider quality assurance business processes were transferred to the Residential Care Services (RCS) division. RCS is currently analyzing business processes, policy changes and staff procedures for this activity. System improvement discussions addressed here are subject to change once this business analysis is complete. At this time, system enhancements are expected to include recording and management of corrective actions, complaints, and other quality indicators to assist the administration to monitor provider service quality. As mentioned earlier, further business analysis by RCS will clarify required business process and case management system changes.

6.3 Management and Field Reports

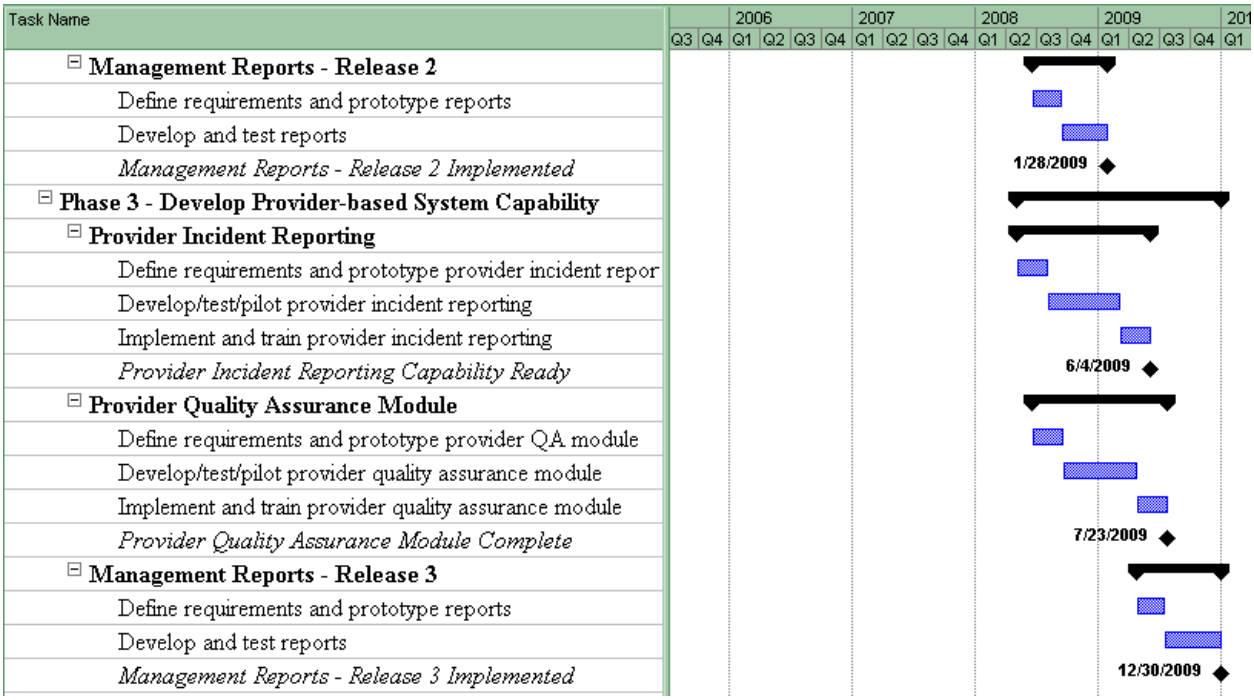
During this phase, management reports will be developed and implemented specific to provider business processes. Providers will access their reports through the new web-based interface.

6.4 Cost Summary Phase III (Appendix A)

	Estimated Phase III Totals
Total Internal Staff Costs	$ 742,720.00
Total Project Position Costs	$ 415,840.00
Total External Staff Costs	$ 1,673,000.00
Grand Total Phase III	**$ 2,831,560.00**

6.5 Timeline Phase III (Appendix B)

Timeline for Phase III is shown in the table below. This phase is expected to take approximately 20 months to complete.



7 Conclusion

ADSA believes that our response to *Recommendation 2* will complete the requirements for a case management system for DDD in Washington State. In addition to improving the statewide consistency for case/resource management activities, supplying a consistent graphical user interface (GUI) for system users, and having one common database for DDD programs and services, DDD will have system capabilities that include:

- Ticklers, alerts, and bulletins
- Enhanced service authorization and payment interface
- Management reporting
- Access for providers, including incident reporting
- Foundation for access for clients/families
- Improved system access for counties

Recommendation 2 stated, "While specific case management tasks may vary from state to state depending on state requirements and the case management model used, there are generally accepted case management tasks. They include:

1. Intake and eligibility assessment
2. Individual care plan development and monitoring
3. Crisis intervention and placement
4. Healthcare and clinical care coordination
5. Incident reporting and review
6. Quality assurance and assessment of providers

ADSA believes the response to *Recommendation 1* partially delivers case management information system components. Specifically, the completed Adult and Children's assessments in the response to *Recommendation 1* include individual service plan development (#2 above), and health and clinical care coordination (#4 above). The new Screening/Mini-Assessment provides mechanisms to define crisis and emergency (#3 above), as well as to define and limit caseloads. The enhancement of the CARE intake module provides a standardized process for intake and determination of developmental disability (#1 above).

ADSA has taken a cost-sensitive approach to the development of these complex business and software products. Project management, application and business requirements development are all directed through internal resources. External contract assistance is proposed to amplify programming and business requirements development resources, while expensive contractor overhead is eliminated. ADSA's extensive experience with client assessment and its successful development of the CARE tool and the anticipated successful implementation of *Recommendation 1* enhancements support this approach.

ADSA thanks JLARC for the opportunity to address *Recommendation 2* outlined in the Performance Audit of the Division of Developmental Disabilities of June 19, 2003. We look forward to presenting our plan for *Recommendation 2* in a report to be delivered to you by the end of this year.

Appendix A – Project Cost Sheets

Phase I

Internal Staff	Monthly Salaries	Monthly Benefits	FTE/mo.	# FTEs	# Mos.	Total
IT Director	$ 7,000.00	$ 1,960.00	0.2	1	14	$ 25,088.00
Project Office Manager	$ 6,000.00	$ 1,680.00	0.5	1	14	$ 53,760.00
Technical Project Manager	$ 5,000.00	$ 1,400.00	1.0	1	14	$ 89,600.00
Program Managers	$ 5,500.00	$ 1,540.00	0.3	4	14	$ 118,272.00
Decision Support Manager	$ 6,500.00	$ 1,820.00	0.3	1	10	$ 24,960.00
County Coordinator	$ 5,500.00	$ 1,540.00	0.5	1	10	$ 35,200.00
6 Case Regional Managers	$ 4,500.00	$ 1,260.00	0.3	6	14	$ 145,152.00
Application Expert	$ 6,000.00	$ 1,680.00	0.7	1	14	$ 75,264.00
Applications Manager	$ 6,500.00	$ 1,820.00	0.5	1	14	$ 58,240.00
Technical Lead	$ 5,000.00	$ 1,400.00	1.0	1	14	$ 89,600.00
Database Administrator	$ 6,000.00	$ 1,680.00	0.5	1	14	$ 53,760.00
Programmers	$ 4,500.00	$ 1,260.00	1.0	3	14	$ 241,920.00
Network Technician	$ 4,500.00	$ 1,260.00	0.3	1	10	$ 17,280.00
Total Internal Staff Costs						**$ 1,028,096.00**

Project Positions	Monthly Salaries	Monthly Benefits	FTE/mo.	# FTEs	# Mos.	Total
Program Project Manager	$ 6,000.00	$ 1,680.00	1.0	1	14	$ 107,520.00
Policy Development Manager	$ 6,000.00	$ 1,680.00	1.0	1	12	$ 92,160.00
Case Management Coordinator (SME)	$ 5,500.00	$ 1,540.00	0.5	1	14	$ 49,280.00
Programmer	$ 5,000.00	$ 1,400.00	1.0	1	16	$ 102,400.00
Testing Manager	$ 5,000.00	$ 1,400.00	1.0	1	10	$ 64,000.00
Implementation Manager	$ 6,000.00	$ 1,680.00	1.0	1	10	$ 76,800.00
Communications Manager	$ 6,000.00	$ 1,680.00	1.0	1	14	$ 107,520.00
Training Manager	$ 5,000.00	$ 1,400.00	0.5	1	10	$ 32,000.00
Technical Writer	$ 5,000.00	$ 1,400.00	0.5	1	10	$ 32,000.00
Total Project Position Costs						**$ 663,680.00**

External Staff	Monthly Costs	Staff/mo.	# Staff	# Mos.	Total
Systems Architect	$ 24,000.00	0.5	1	20	$ 240,000.00
Business Analysis and Documentation Lead	$ 18,000.00	1.0	3	10	$ 540,000.00
Data Architect/Documentation	$ 18,000.00	0.7	1	14	$ 176,400.00
External QA	$ 25,000.00	0.3	1	20	$ 150,000.00
Project Planner	$ 25,000.00	0.7	1	20	$ 350,000.00
Project Director	$ 30,000.00	0.5	1	20	$ 300,000.00
Application Development Mgr.	$ 25,000.00	0.5	1	20	$ 250,000.00
Configuration Lead	$ 17,000.00	0.5	1	14	$ 119,000.00
Programmer	$ 17,000.00	1.0	4	14	$ 952,000.00
Total External Staff Costs					**$ 3,077,400.00**
Grand Total Estimated Costs for Phase I >>>>>>					**$ 4,769,176.00**

Phase II						
Internal Staff	**Monthly Salaries**	**Monthly Benefits**	**FTE/mo.**	**# FTEs**	**# Mos.**	**Total**
IT Director	$ 7,000.00	$ 1,960.00	0.2	1	18	$ 32,256.00
Project Office Manager	$ 6,000.00	$ 1,680.00	0.5	1	18	$ 69,120.00
Technical Project Manager	$ 5,000.00	$ 1,400.00	1.0	1	18	$ 115,200.00
Program Managers	$ 5,500.00	$ 1,540.00	0.3	4	12	$ 101,376.00
Decision Support Manager	$ 6,500.00	$ 1,820.00	0.3	1	12	$ 29,952.00
County Coordinator	$ 5,500.00	$ 1,540.00	0.5	1	12	$ 42,240.00
6 Case Regional Managers	$ 4,500.00	$ 1,260.00	0.3	6	18	$ 186,624.00
Application Expert	$ 6,000.00	$ 1,680.00	0.7	1	18	$ 96,768.00
Applications Manager	$ 6,500.00	$ 1,820.00	0.5	1	18	$ 74,880.00
Technical Lead	$ 5,000.00	$ 1,400.00	1.0	1	18	$ 115,200.00
Database Administrator	$ 6,000.00	$ 1,680.00	0.5	1	18	$ 69,120.00
Programmers	$ 4,500.00	$ 1,260.00	1.0	3	18	$ 311,040.00
Network Technician	$ 4,500.00	$ 1,260.00	0.5	1	12	$ 34,560.00
Total Internal Staff Costs						**$ 1,278,336.00**
Project Positions	**Salaries**	**Benefits**	**FTE/mo.**	**# FTEs**	**# Mos.**	**Total**
Program Project Manager	$ 6,000.00	$ 1,680.00	1.0	1	18	$ 138,240.00
Policy Development Manager	$ 6,000.00	$ 1,680.00	0.3	1	18	$ 34,560.00
Case Management Coordinator	$ 5,500.00	$ 1,540.00	0.3	1	18	$ 31,680.00
Programmer	$ 5,000.00	$ 1,400.00	1.0	1	12	$ 76,800.00
Testing Manager	$ 5,000.00	$ 1,400.00	1.0	1	10	$ 64,000.00
Implementation Manager	$ 6,000.00	$ 1,680.00	1.0	1	10	$ 76,800.00
Communications Manager	$ 6,000.00	$ 1,680.00	1.0	1	18	$ 138,240.00
Training Manager	$ 5,000.00	$ 1,400.00	0.5	1	12	$ 38,400.00
Technical Writer	$ 5,000.00	$ 1,400.00	0.5	1	18	$ 57,600.00
Total Project Position Costs						**$ 656,320.00**
External Staff	**Monthly Costs**		**Staff/mo.**	**# Staff**	**# Mos.**	**Total**
Systems Architect	$ 24,000.00		0.5	1	18	$ 216,000.00
Business Analysis and Documentation Lead	$ 18,000.00		1.0	1	18	$ 324,000.00
Data Architect/Documentation	$ 18,000.00		0.7	1	14	$ 176,400.00
External QA	$ 25,000.00		0.3	1	18	$ 135,000.00
Project Planner	$ 25,000.00		1.0	1	18	$ 450,000.00
Project Director	$ 30,000.00		0.5	1	18	$ 270,000.00
Application Development Mgr.	$ 25,000.00		0.5	1	18	$ 225,000.00
Configuration Lead	$ 17,000.00		0.5	1	14	$ 119,000.00
Programmer	$ 17,000.00		1.0	10	18	$ 3,060,000.00
Total External Staff Costs						**$ 4,975,400.00**

Equipment	Cost Per Item	# Needed	Sub-Total	Total
Database servers	$ 16,500.00	2	$ 33,000.00	$ 33,000.00
Two processor 2.8Ghz (4 way expansion) with Large Scale Memory, Redundant Disk Storage, Networking and Power supplies				
Application and Web Servers	$ 10,500.00	4	$ 42,000.00	$ 42,000.00
Load balanced web server pair, plus application server				
Data Storage				$ 25,000.00
SAN storage addition	$ 13,000.00	1	$ 13,000.00	
SAN connection hardware and software	$ 12,000.00	1	$ 12,000.00	
Support System				$ 21,000.00
UPS power	$ 3,000.00	2	$ 6,000.00	
Tape Backup	$ 15,000.00	1	$ 15,000.00	
Installation and Service				$ 22,000.00
Installation/Integration/ Implementation Training	$ 10,000.00	1	$ 10,000.00	
Upgrade Standard Warranty to 4 hour onsite service	$ 12,000.00	1	$ 12,000.00	
Software costs				$ 98,460.00
Windows Standard Server	$ 540.00	4	$ 2,160.00	
Windows Enterprise Server	$ 1,750.00	2	$ 3,500.00	
Jbuilder ugrade	$ 1,000.00	10	$ 10,000.00	
SQL Server Enterprise	$ 20,700.00	4	$ 82,800.00	
Workstations for Developers	$ 4,000.00	10	$ 40,000.00	$ 40,000.00
Training for Upgraded Operating Systems and Database Server Enhancements	$ 2,500.00	9	$ 22,500.00	$ 22,500.00
JBuilder Developer	$ 1,000.00	10	$ 10,000.00	$ 10,000.00
Developer Workstation	$ 4,000.00	10	$ 40,000.00	$ 40,000.00
				$ 353,960.00
Tax 8.4%				$ 29,700.00
Total Equipment Costs				**$ 383,660.00**
Grand Total Estimated Costs for Phase II >>>>>>>				**$ 7,293,716.00**

Phase III

Internal Staff	Salaries	Benefits	FTE/mo.	# FTEs	# Mos.	Total
IT Director	$ 7,000.00	$ 1,960.00	0.2	1	11	$ 19,712.00
Project Office Manager	$ 6,000.00	$ 1,680.00	0.2	1	11	$ 16,896.00
Technical Project Manager	$ 5,000.00	$ 1,400.00	1.0	1	11	$ 70,400.00
Program Managers	$ 5,500.00	$ 1,540.00	0.3	4	11	$ 92,928.00
Decision Support Manager	$ 6,500.00	$ 1,820.00	0.3	1	5	$ 12,480.00
County Coordinator	$ 5,500.00	$ 1,540.00	0.5	1	0	$ -
6 Case Regional Managers	$ 4,500.00	$ 1,260.00	0.3	6	11	$ 114,048.00
Application Expert	$ 6,000.00	$ 1,680.00	0.7	1	11	$ 59,136.00
Applications Manager	$ 6,500.00	$ 1,820.00	0.5	1	11	$ 45,760.00
Technical Lead	$ 5,000.00	$ 1,400.00	1.0	1	11	$ 70,400.00
Database Administrator	$ 6,000.00	$ 1,680.00	0.5	1	11	$ 42,240.00
Programmers	$ 4,500.00	$ 1,260.00	1.0	3	11	$ 190,080.00
Network Technician	$ 4,500.00	$ 1,260.00	0.3	1	5	$ 8,640.00
Total Internal Staff Costs						**$ 742,720.00**

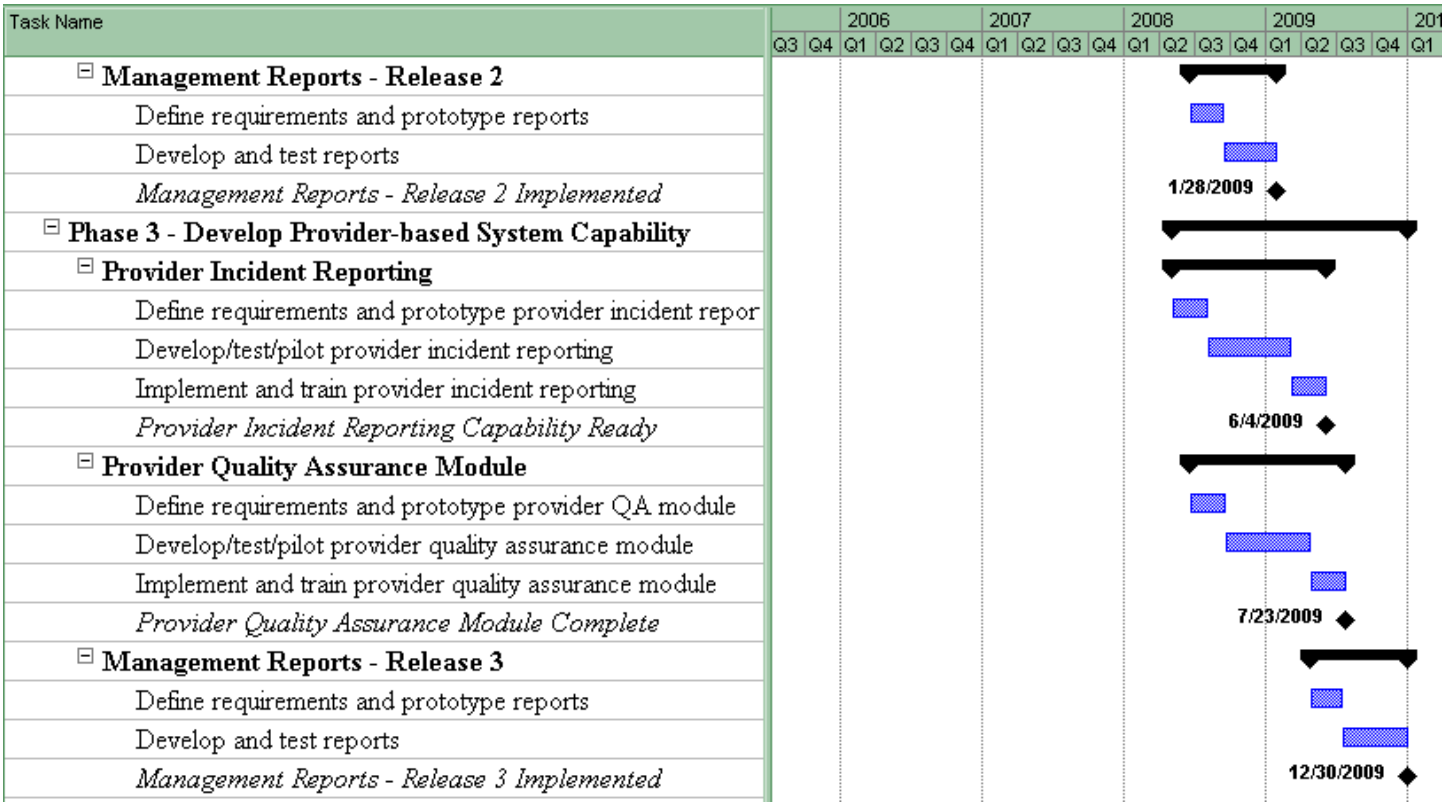
Project Positions	Salaries	Benefits	FTE/mo.	# FTEs	# Mos.	Total
Program Project Manager	$ 6,500.00	$ 1,820.00	1.0	1	11	$ 91,520.00
Policy Development Manager	$ 6,500.00	$ 1,820.00	0.3	1	11	$ 22,880.00
Case Management Coordinator (SME)	$ 6,000.00	$ 1,680.00	0.3	1	11	$ 21,120.00
Programmer	$ 5,000.00	$ 1,400.00	1.0	1	8	$ 51,200.00
Testing Manager	$ 6,500.00	$ 1,820.00	1.0	1	6	$ 49,920.00
Implementation Manager	$ 6,500.00	$ 1,820.00	1.0	1	6	$ 49,920.00
Communications Manager	$ 6,000.00	$ 1,680.00	1.0	1	11	$ 84,480.00
Training Manager	$ 5,000.00	$ 1,400.00	0.5	1	8	$ 25,600.00
Technical Writer	$ 5,000.00	$ 1,400.00	0.5	1	6	$ 19,200.00
Total Project Position Costs						**$ 415,840.00**

External Staff	Monthly Costs	Staff/mo.	# Staff	# Mos.	Total
Systems Architect	$ 24,000.00	0.5	1	11	$ 132,000.00
Business Analysis and Documentation Lead	$ 18,000.00	0.5	2	8	$ 144,000.00
Data Architect/Documentation	$ 18,000.00	0.5	1	11	$ 99,000.00
External QA	$ 25,000.00	0.3	1	11	$ 82,500.00
Project Planner	$ 25,000.00	0.5	1	11	$ 137,500.00
Project Director	$ 30,000.00	0.3	1	11	$ 99,000.00
Application Development Mgr.	$ 25,000.00	0.5	1	11	$ 137,500.00
Configuration Lead	$ 17,000.00	0.5	1	11	$ 93,500.00
Programmer	$ 17,000.00	1.0	4	11	$ 748,000.00
Total External Staff Costs					**$ 1,673,000.00**
Grand Total Estimated Costs for Phase III >>>>>>					**$ 2,831,560.00**

Project Totals for All 3 Phases

Total Internal Staff Costs	$	3,049,152.00
Total Project Position Costs	$	1,735,840.00
Total External Staff Costs	$	9,725,800.00
Total Equipment Costs	$	383,660.00
Grand Total	**$**	**14,894,452.00**

Appendix B – Project Timelines


Task Name
2006
2007
2008
2009
Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1
Management Reports - Release 2
Define requirements and prototype reports
Develop and test reports
Management Reports - Release 2 Implemented
1/28/2009
Phase 3 - Develop Provider-based System Capability
Provider Incident Reporting
Define requirements and prototype provider incident repor
Develop/test/pilot provider incident reporting
Implement and train provider incident reporting
Provider Incident Reporting Capability Ready
6/4/2009
Provider Quality Assurance Module
Define requirements and prototype provider QA module
Develop/test/pilot provider quality assurance module
Implement and train provider quality assurance module
Provider Quality Assurance Module Complete
7/23/2009
Management Reports - Release 3
Define requirements and prototype reports
Develop and test reports
Management Reports - Release 3 Implemented
12/30/2009

Appendix C – Applications/Systems Required for DDD Business

	System	Owner	Data Collected	Planned to Convert/Interface Electronically/Single Sign-on
DDD Application Suite	Common Client Database (CCDB)/County Reporting Information System (CHRIS)	DDD	Client demographics, eligibility case management data.	Convert – Phase II
	Infant and Toddler Early Intervention Program (ITEIP) System	DDD	Case information for children ages 0–3.	Interface – Phase II
	Voluntary Placement Program (VPP) System	DDD	Demographics, SSPS payment data, residential and other services, legal history.	Convert – Phase II
	CASIS	DDD	Graphical User Interface (GUI) for the SSPS payment system	Convert – Phase II
	Specialized Clients (SC)System	DDD	Demographics, SSPS payment data, residential and other services, legal history.	Convert – Phase II
	Family Support Options (FSO) System	DDD	Client information, dates, budget data.	Convert – Phase II
	Olmstead System	DDD	Olmstead-related care information.	Convert – Phase II
	Incident Reporting (IR) System	DDD	Incident and/or event information	Convert – Phase II and III
DSHS Systems	CARE	ADSA	Comprehensive assessment information.	DSHS Single Sign-On
	ACES	DSHS	Client eligibility, benefits information.	DSHS Single Sign
	CAMIS	CA	Child abuse and welfare caseload information.	DSHS Single Sign
	STARS	DSHS	Childcare training and registration information.	DSHS Single Sign
	MMIS	MAA	Authorization, payment and contract information.	DSHS Single Sign
	SSPS	DSHS	Authorization, payment information.	DSHS Single Sign
	TARGET	DSHS		DSHS Single Sign
	ACD	DSHS	Information pertaining to contracts with providers.	Interface – Phase II
	TRACKS	DSHS	Purchasing, vehicle, and asset management.	DSHS Single Sign
	Client Registry	DSHS	Intake and eligibility information.	DSHS Single Sign
	ACES Bar Code	DSHS	Client eligibility benefits information.	DSHS Single Sign
	Mental Health (MH) System	MH	MH-related case information.	DSHS Single Sign

Appendix D – Information Systems Services Division (ISSD) Project Risk Assessment

PROJECT: Case Management Information System, DATE: SEVERITY RATING = HIGH

	Impact on Clients	Visibility	7.1.1.1.1.1 Impact on State Operations	Failure or Nil Consequences
High	☐ Direct contact with citizens, political subdivisions, and service providers – including benefits payments and transactions. ☐	☒ Highly visible to public, trading partners, political subdivisions and Legislature. ☐ Likely subject to hearings. ☒ System processes sensitive / confidential data (e.g. medical, SSN, credit card #'s). ☒	☐ Statewide or multiple agency involvement / impact. ☐ Initial mainframe acquisitions or network acquisitions. ☐	☒ Inability to meet legislative mandate or DSHS mission. ☐ Loss of significant federal funding. ☒
Medium	☒ Indirect impacts on citizens through management systems that support decisions that are viewed as important by the public. ☐ Access by citizens for information and research purposes. ☒	☐ Some visibility to the Legislature, trading partners, or public the system / program supports. ☐ May be subject to legislative hearing. ☐	☐ Multiple administrations, within DSHS. ☐	☐ Potential failure of aging systems. ☐
Low	☐ Impact on DSHS systems that support service delivery. ☐	☐ Internal DSHS only. ☐ Visible to multiple administrations. ☐ Visible to multiple divisions within the same administration. ☐	☒ Single administration. ☐ Improve or expand existing wide area networks or mainframes with similar technology. ☒	☐ Loss of opportunity for improved service delivery efficiency. ☐ Failure to resolve customer service complaints or requests. ☐
Very Low	☐ Impact on systems that are operational or administrative only. ☐	☐ Visible to single division only. ☐	☐ Single division. ☐ Improve or expand existing local area network. ☐	☐ Loss of opportunity for improved operational or administrative efficiency. ☐

PROJECT: Case Management Information System, DATE: RISK RATING = VERY LOW

	Functional Impact on Business Processes or Rules	Development Effort and Resources	7.1.1.1.1.2 Technology	Capability and Management
High	☐ Significant change to business rules. ☐ Replacement of a mission critical system. ☐ Multiple organizations involved. ☐ Requires extensive and substantial job training for work groups. ☒	☒ Over $5 million. ☒ Development and implementation exceeds 24 months.* ☐ Requires a second decision package. * Clock starts after feasibility study or project approval and release of funding. ☒	☐ Emerging. ☐ Unproven. ☐ Two or more of the following are new for agency technology staff or integrator, or are new to the agency architecture: ☐ Programming language ☐ Operating systems ☐ Database products ☐ Development tools ☐ Data communications technology. ☐ Requires PKI certificate. ☐ Complex architecture – greater than 2 tier. ☐	☐ Minimal executive sponsorship. ☐ Organization uses ad-hoc processes. ☐ Organization and/or vendor track record suggests inability to mitigate risk on project requiring a given level of development effort. ☐
Medium	☐ Moderate change to business rules. ☐ Major enhancement or moderate change of mission critical system. ☐ Medium complexity business process(es). ☐ Requires moderate job training. ☐	☐ Under $5 million but over agency delegated authority. ☐ 12 to 24 months for development and implementation. * ☐	☐ New in DSHS with 3rd party expertise and knowledge transfer. ☐ One of the technologies listed above is new for agency development staff. ☐	☐ Executive sponsor knowledgeable but not actively engaged. ☐ System integrator under contract with organization technical participation. ☐ Organization and/or vendor record indicates good level of success but without the structure for repeatability. ☐
Low	☐ Insignificant change to business rules. ☐ Low complexity business process(es). ☐ Some job training could be required. ☐	☐ Within agency delegated authority ($1.73 million). ☐ Under 12 months for development and implementation.* ☐	☐ Standard, proven DSHS technology. ☐ New in administration or division with 3rd party expertise and knowledge transfer. Third party may include another DSHS administration or division. ☐	☒ Strong executive sponsorship. ☒ Organization and vendor have strong ability to mitigate risk on a development project. ☒

Very Low	☐ No training required, but may require brief orientation. ☐ No change to business rules or processes.	☐ Under $50,000 total and no single purchase greater than $10,000. ☐ Under three staff-months for development and implementation.*	☒ Standard, proven administration or division technology. ☒ Development staff possesses high degree of expertise in chosen technology.	☐ Project staff uses documented and repeatable processes for tracking status, problems, and change. ☐ Project management practices are appropriate for nature and scope of this effort.

7.1.1.2 Project Approval and Oversight Matrix

High Severity	**Level 1** ☐	**Level 2** ☐	**Level 2** ☒	**Level 3** ☐
Medium Severity	**Level 1** ☐	**Level 1** ☐	**Level 2** ☐	**Level 2** ☐
Low Severity	**Level 0** ☐	**Level 1** ☐	**Level 1** ☐	**Level 1** ☐
Very Low Severity	**Level 0** ☐	**Level 0** ☐	**Level 1** ☐	**Level 1** ☐
	Very Low Risk	***Low Risk***	***Medium Risk***	***High Risk***

	Oversight Requirements		
	Justification and Approval Decision	**Feasibility Study and Project Management Approach/Execution**	**Oversight**
Level 0 ☐	• Administration or division approval with option of e-Center consultation	• Administration- or division-defined methods using industry best practices.	• Administration or division discretion.
Level 1 ☐	• DSHS Executive* approval with option of DIS consultation. *May be administration Assistant Secretary or CIO.	• DSHS-defined methods using industry best practices.	• Internal QA at DSHS determination. • Reported as part of portfolio. • DSHS determines internal oversight required.
Level 2 ☒	• DSHS CIO approval. • DIS Director review and approval.	• DSHS executive approval. • DIS consultation.	• Internal or external QA at DSHS discretion. • DIS and DSHS determine oversight required. • ISB oversight optional. • Reported as part of portfolio.
Level 3 ☐	• DSHS Secretary approval. • DIS executive review and comment. • ISB approval.	• DSHS presents feasibility study to ISB. • Prototype required at discretion of ISB. • Private sector participation encouraged or required.	• ISB oversight required. • External QA required. • ISB audit as necessary. • Other ISB discretionary actions as needed. • Reported as part of portfolio.